

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: HELPING HANDS HOME HEALTHCARE II (0009603)
Address: 5431 AUBURN AVENUE, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 06/03/2002
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095092 **End Date:** 06/08/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009424 Served 06/24/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(6)(a)	HOUSEHOLD PETS		
88.05(6)(b)	HOUSEHOLD PETS-CLEAN CAGES		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.06(3)(d)2	LEVEL OF SUPERVISION		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Survey ID: 0094116 End Date: 02/10/2005 Type: OTHER Purpose: DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009359 Served 02/15/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(6)(g)2.c	SUBMIT PLAN OF CORRECTION	06/09/2005	Yes

Survey ID: 0093170 End Date: 08/03/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009317 Served 08/19/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	06/09/2005	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	06/09/2005	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	06/09/2005	Yes
88.06(3)(f)	REVIEW OF ISP	06/09/2005	Yes

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Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Enforcement History

Date: 06/22/2005	SOD #10009424	Appealed: No
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Sanctions

COMPLY WITH REQUIREMENT

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